



REGISTRATION FORM TRTR-IGORR Joint Meeting

Holiday Inn, Gaithersburg, MD 301 948-8900

September 12-16, 2005



Last Name: _____ First Name: _____

Institution/Company: _____

Address: _____

Postal code/ZIP code: _____ Country: _____

Telephone: (____) _____ FAX: (____) _____

Email: _____

Registration (includes breakfasts, lunches, evening outings): Total

Participant \$350 (U.S.) _____

Spouse/guests \$50 each number _____

Names: _____ Total: _____

Method of Payment:

___ Check (payable to TRTR) enclosed

___ Please debit my VISA___ / Mastercard ___
by \$ _____

Send registration form and payment to:

TRTR

1903 Bishop Castle Dr.

Olney, MD 20832

301 570-2119 fax

trtr-igorr@simelectronics.com

Card Number: _____ Expiration Date: _____

CCV Number (3 digit code on back of card): _____

Cardholder name (exactly as on card): _____

Billing address of cardholder: _____

Daytime phone number of cardholder: _____

I and/or my spouse/guest will attend:

___ Tuesday evening banquet at Smokey Glen Farm Total No. _____

___ Wednesday evening cruise on the Potomac Total No. _____

___ Thursday evening banquet at Charles Town (racetrack) Total No. _____

___ Friday afternoon tour of NIST Facilities Total No. _____

___ Spouse/guest tours Total No. _____

For tours of NIST, separate registration at the meeting and a government issued photo I.D. are required.

If you require a special menu or have any food allergies please describe these. We will try to accommodate you.

Holiday Inn Reservations: 301 948-8900, 1-800-HOLIDAY www.higaitersburg.com

